

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90153 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000053415**

1. Entity Name  
**J.E.D.L.P. CORP.**



Principal Place of Business  
**10411 NE 18 PLACE  
 PEMBROKE PINES FL 33026**

Mailing Address  
**10411 NE 18 PLACE  
 PEMBROKE PINES FL 33026**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**01-0691431**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~GONZALEZ, PETER  
 4631 SW 134 COURT  
 MIAMI FL 33185~~

7. Name and Address of New Registered Agent

Name **JOSE MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**750 Oriole Ave**

**Miami Springs**

City **FL** Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Martinez* (**JOSE MARTINEZ**) DATE **01-30-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>DELA PIEDRA, JUAN</b>	
STREET ADDRESS <b>10411 NE 18 PLACE</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33026</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CINDY BETH DELAPIEDRA</b>	
STREET ADDRESS <b>10411 NW 18th PLACE</b>	
CITY-ST-ZIP <b>Pembroke Pines, FL 33066</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *J. Martinez* **SIGNATURE REQUIRED** DATE **01-30-03**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2003 (10/02)